



PTO/SB/21 (08-07)  
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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/419,350
Filing Date	October 15, 1999
First Named Inventor	Kristen M. Robins
Art Unit	2132
Examiner Name	Abdulhankim Nobahar

Attorney Docket Number

CISCO-1315

RECEIVED  
Technology Center 2100  
JAN 08 2004  
2132

### ENCLOSURES (check all that apply)

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|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input checked="" type="checkbox"/> Fee Attached                             | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Amendment / Reply                        | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):            |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Request for Refund   | <b>Limited Recognition Under 37 CFR §10.9(b)</b>   |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> CD, Number of CD(s) _____                                      |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              |   |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Masako Ando, Limited Recognition Under 37 CFR §10.9(b)
Signature	
Date	1/5/04

### CERTIFICATE OF MAILING

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Typed or printed name	Carol Diez
Signature	
Date	1/5/04

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**FEE TRANSMITTAL**  
**for FY 2004 JAN 08 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 416*RECEIVED*JAN 12 2004  
Technology Center 2100

Complete If Known	
Application Number	09/419,350
Filing Date	October 15, 1999
First Named Inventor	Kristen M. Robins
Examiner Name	Abdulhankim Nobahar
Art Unit	2132
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**METHOD OF PAYMENT (check all that apply)**
 Check    Credit card    Money    Other    None  
 Order
  Deposit Account:Deposit Account Number  
50-1698Deposit Account Name  
Thelen Reid & Priest, LLP

The Director is authorized to: (check all that apply)

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- Charge fee(s) indicated below
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- Credit any overpayments
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- Charge any additional fee(s) during the pendency of this application
- 
- 
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION****1. BASIC FILING FEE**Large Entity   Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)

(\$ 0)

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

		Extra Claims	Fee from below	Fee Paid
Total Claims	44	-40 **	= 4	X 18 = 72
Independent Claims	16	-12 **	= 4	X 86 = 344
Multiple Dependent			X	= 0

Large Entity   Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$ 416)

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

<u>Large Entity</u>	<u>Small Entity</u>	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1051	130	Surcharge - late filing fee or oath	
		1052	50	Surcharge - late provisional filing fee or cover sheet	
		1053	130	Non-English specification	
		1812	2,520	For filing a request for reexamination	
		1804	920*	Requesting publication of SIR prior to Examiner action	
		1805	1,840*	Requesting publication of SIR after Examiner action	
		1251	110	Extension for reply within first month	
		1252	420	Extension for reply within second month	
		1253	950	Extension for reply within third month	
		1254	1,480	Extension for reply within fourth month	
		1255	2,010	Extension for reply within fifth month	
		1401	330	Notice of Appeal	
		1402	330	Filing a brief in support of an appeal	
		1403	290	Request for oral hearing	
		1451	1,510	Petition to institute a public use proceeding	
		1452	110	Petition to revive – unavoidable	
		1453	1,330	Petition to revive – unintentional	
		1501	1,330	Utility issue fee (or reissue)	
		1502	480	Design issue fee	
		1503	640	Plant issue fee	
		1460	130	Petitions to the Commissioner	
		1807	50	Processing fee under 37 CFR 1.17 (q)	
		1806	180	Submission of Information Disclosure Stmt	
		8021	40	Recording each patent assignment per property (times number of properties)	
		1809	770	Filing a submission after final rejection (37 CFR § 1.129(a))	
		1810	770	For each additional invention to be examined (37 CFR § 1.129(b))	
		1801	770	Request for Continued Examination (RCE)	
		1802	900	Request for expedited examination of a design application	
				Other fee (specify) _____	

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 0)

**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	Masako Ando	Registration No. (Attorney/Agent)	LR37CFR§10.9b	Telephone	(408) 292-5800
Signature	<i>Masako Ando</i>			Date	1/15/04

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